



Employee Relations Department  
Stephen P. Clark Center  
111 NW First Street, 21st Floor  
Miami, Florida 33128

## REQUEST FOR REPLACEMENT EMPLOYEE IDENTIFICATION CARD

(PRINT) NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

REASON FOR REPLACEMENT I.D. (CHECK ONE):

1. \_\_\_\_\_ Lost I.D.
2. \_\_\_\_\_ Worn Out I.D.
3. \_\_\_\_\_ Stolen I.D.
4. \_\_\_\_\_ Name Change
5. \_\_\_\_\_ Transfer

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
*For official use only. This portion to be completed by the Departmental Personnel Representative (or designee) in the employee's department.*

We, the \_\_\_\_\_, hereby authorize the Employee Relations Department to  
(Department)  
issue and release the above Employee Identification Badge at a cost of \$5.00.

INDEX CODE \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT AUTHORIZATION NAME: \_\_\_\_\_

APPOINTMENT DATE SET BY EMPLOYEE RELATIONS DEPARTMENT \_\_\_\_\_

*Departmental Personnel Representatives (or designees) should contact the Employee Relations Department, New Hire Center, at (305) 375-5454 to set an appointment or obtain additional information.*

REPLACEMENT ID'S WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED.